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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Application No.                                                                                                                                                                                                                                                                                                                                                                                                                   | Applicant(s)                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 09/477,101                                                                                                                                                                                                                                                                                                                                                                                                                        | DECARMO, LINDEN A                                                                                                                                                                                 |
| Notice of Allowability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Examiner                                                                                                                                                                                                                                                                                                                                                                                                                          | Art Unit                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Lewis A. Bullock, Jr.                                                                                                                                                                                                                                                                                                                                                                                                             | 2195                                                                                                                                                                                              |
| The MAILING DATE of this communication apperature All claims being allowable, PROSECUTION ON THE MERITS IS herewith (or previously mailed), a Notice of Allowance (PTOL-85) NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT R of the Office or upon petition by the applicant. See 37 CFR 1.313                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (OR REMAINS) CLOSED in this ap<br>) or other appropriate communication<br>IGHTS. This application is subject to                                                                                                                                                                                                                                                                                                                   | plication. If not included will be mailed in due course. THIS                                                                                                                                     |
| 1. $\boxtimes$ This communication is responsive to <u>amendment filed Oct</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>ober 16, 2006</u> .                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                   |
| 2. X The allowed claim(s) is/are <u>1-19</u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | •                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                   |
| 3. Acknowledgment is made of a claim for foreign priority uses a) All b) Some* c) None of the:  1. Certified copies of the priority documents have 2. Certified copies of the priority documents have 3. Copies of the certified copies of the priority do International Bureau (PCT Rule 17.2(a)).  * Certified copies not received:  Applicant has THREE MONTHS FROM THE "MAILING DATE" noted below. Failure to timely comply will result in ABANDONN THIS THREE-MONTH PERIOD IS NOT EXTENDABLE.  4. A SUBSTITUTE OATH OR DECLARATION must be submin INFORMAL PATENT APPLICATION (PTO-152) which give 5. CORRECTED DRAWINGS (as "replacement sheets") must (a) including changes required by the Notice of Draftspers 1) hereto or 2) to Paper No./Mail Date (b) including changes required by the attached Examiner' Paper No./Mail Date  Identifying indicia such as the application number (see 37 CFR 1 each sheet. Replacement sheet(s) should be labeled as such in the composition of the deposition of the deposi | e been received. e been received in Application No cuments have been received in this of this communication to file a reply MENT of this application.  hitted. Note the attached EXAMINER es reason(s) why the oath or declara st be submitted. son's Patent Drawing Review ( PTO s Amendment / Comment or in the C . 84(c)) should be written on the drawing the header according to 37 CFR 1.121( esit of BIOLOGICAL MATERIAL r | national stage application from the complying with the requirements  'S AMENDMENT or NOTICE OF stion is deficient.  948) attached  Office action of the back) of d).  must be submitted. Note the |
| Attachment(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                   | •.                                                                                                                                                                                                |
| 1. ☐ Notice of References Cited (PTO-892)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5. Notice of Informal P                                                                                                                                                                                                                                                                                                                                                                                                           | atent Application                                                                                                                                                                                 |
| 2. Notice of Draftperson's Patent Drawing Review (PTO-948)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 6. Interview Summary                                                                                                                                                                                                                                                                                                                                                                                                              | (PTO-413),                                                                                                                                                                                        |
| Information Disclosure Statements (PTO/SB/08), Paper No./Mail Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Paper No./Mail Dat<br>7.                                                                                                                                                                                                                                                                                                                                                                                                          | ment/Comment                                                                                                                                                                                      |
| Examiner's Comment Regarding Requirement for Deposit of Biological Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 8.   Examiner's Statement                                                                                                                                                                                                                                                                                                                                                                                                         | ent of Reasons for Allowance                                                                                                                                                                      |
| o. Diological Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9.                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>Lasley</u>                                                                                                                                                                                     |

U.S. Patent and Trademark Office PTOL-37 (Rev. 08-06)

PRIMARY EXAMINER